: :		B	est a	ALA	BLE	COPY			Applic) or i	ocket Nu	mhae
	.PATENT	APPLICATION Effective	ON FEE Date	DETERN ber 1, 20	MINAT	ION RECO	RD		1911	! h(][MG	401
		CLAIMS A	S FILED			umn 2)			ENTITY	740		R THAN
·Ŧ	OTAL CLÁIMS	3		:		- Alleria		TYPE RATE	FEE	OR		ENTITY
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FI		۲,	RATE BASIC FEI	FEE
T	OTAL CHARGE	9 minus 20=					VC O	+-	70"		 -	
INDEPENDENT CLAIMS			minus 3 =		•		ŀ	X\$ 9=	 	-IOR	X\$18=	
MI	JLTIPLE DEPE	NDENT CLAIM P					ļ	X40=	 	ОЯ	X80=	<u> </u>
<u> </u>	the difference	in column 4 in	lose there:					+135=		OR	+270=	ł
9 4		in column 1 is				column 2	_	TOTAL		OR	TOTAL	
	C	Column 1)	MENDE			(Caluma a)		CMAI •	ENTITY	-	OTHER	
<u> </u>		CLAIMS	3/18/20	(Colun	EST	(Column 3)	r	JIMALL	ADDI-	OR 7 1	SMALL	
AMENDMENT A		AFTER		PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL
	Total	. O	Minus	PAID F	OR		ł	V0 -	FEE	1 1		FEE
Z L	Independent	. 1	Minus	3	•	 	-	X\$ 9=	 	9	X\$18=	
₹	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	E DEPENDENT			L	X40=		фн	X80=	
								+135=		OR	+270=	
				•			A	FOTAL DIT, FEE		OR ,	TOTAL DOIT, FEE	·
		(Column 1)	Contractor	(Colum		(Column 3)						
AMENUMENI B		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 12	Minus	. 2	0	-		X\$ 9=		OR	X\$18=	<u> </u>
AME	Independent	. 2	Minus		,	•	 	X40=			X80=	
_	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		-		-	OR		
	0 1						L	+135=		OR	+270=	
, ,	2/25						AO	TOTAL DIT. FEE		OR,	TOTAL LODIT. FEEL	
+	<u> 2/05</u>	(Column 1) CLAIMS	en Maria .	(Colum		(Column 3)	_					
*	e Barel	REMAINING AFTER AMENOMENT	strandist errandistr	NUMBI PREVIOL PAID F	ER JSLY	RRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDINEN &	Total	.12	Minus	.20	,	-		X\$ 9=	150	_t	X\$18=	
	Independent		Minus	B			-			OR		
_[FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1=	X40=		OR	X80=	
. "	the only in col	n, 1 is less than the	poter to cot				1	135=		OR	+270=	~
11	the Highest Nurr	m is less than the iber Previously Pai iber Previously Pai	d For IN THIS	SPACE IS I	oss than	20 eater 70 °	ADI	JAYOY HT. FEE		OR A	TOTAL DDIT, FEE	
Ť	he Highest Numb	per Previously Paid per Previously Paid	For (Total or	orace is i Independen	ess the (3, enter "3." righest number lo			propriate box			